

care? And finally, what impact upon quality of care and health status can be expected from such changes?

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Pneumothorax: A Complication of 'Skin Popping'

TO THE EDITOR: The hazards of subcutaneous drug abuse in the cervicothoracic region have not been well documented in the recent literature. We wish to report a case of direct drug injection into the lateral thorax, resulting in a pneumothorax.

Report of a Case

A 29-year-old woman with a history of chronic intravenous and subcutaneous drug abuse was admitted with a chief complaint of severe right-sided pleuritic chest pain. The onset of her symptom began after a mixture of methylphenidate hydrochloride (Ritalin) and codeine was injected into the lateral right side of her chest. She said that there was no "charge" from this "skin popping" attempt, but shortly thereafter chest pain developed on the right side, originating from the site of the injection and radiating anteriorly and posteriorly. She noted no other symptoms.

On physical examination, the patient was well developed and in no acute distress. She had multiple skin lesions secondary to her drug injections on all extremities and thorax that ranged in appearance from scarred and sclerotic to erythematous, abscessed lesions. Her most recent site of injection was located at approximately the fifth intercostal space, anterior axillary line. On auscultation there were decreased breath sounds on the right. The findings on the remainder of the examination were unremarkable.

An x-ray film of the chest showed a small right-sided pneumothorax (Figure 1). Another film two days later

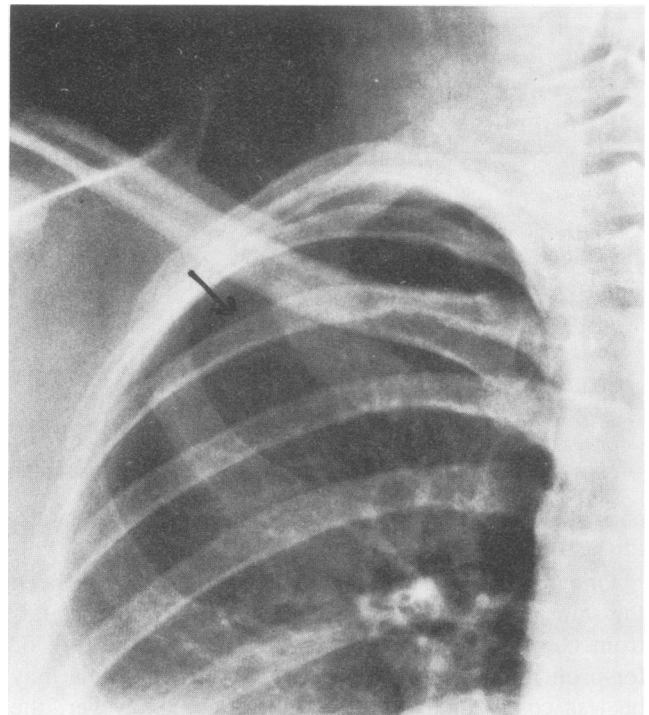


Figure 1.—An x-ray study showing small pneumothorax (arrow) on right side of patient's chest.

showed partial resolution of the pneumothorax. The patient's symptoms lessened and she was discharged with warnings regarding the dangers of continued drug injection.

Comment

Chronic intravenous and subcutaneous drug abuse often leads to the injection of drugs in more unusual and dangerous sites after the more commonly accessible sites become sclerosed and unavailable.¹ These other sites are the neck, supraclavicular region and the thorax. As in the case presented, the possibility of a pneumothorax should be considered in a patient who has recently injected drugs and presents with chest pain.

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